Clover

Clover Health Anesthesia Reimbursement Policy Policy # RP-007

Policy Title	Anesthesia Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	1/1/2022
Revision Date(s)	1/1/2022
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

Outlines requirements and guidelines used in the payment of an anesthesia claim. This policy specifically describes the requirements and payment methodology behind anesthesia CPT codes 00100-01999, excluding 01953 and 01996 (which are not time based).

Definitions:

- **Claim Form**
  - For purposes of this communication, claim form refers to HCFA 1500 claim form
- **Anesthesia Conversion Factor**
  - These are released annually by CMS and are the conversion factors used to compute allowable amounts
- **Base Units**
  - These are released annually by CMS and are the base units used to compute allowable amounts under CPT codes 00100-01999
- **Anesthesiologist**
  - A physician who has special training in giving drugs or other agents to prevent

or relieve pain during surgery or other procedures

- **Nonphysician Anesthetists**
  - This term refers to both certified registered nurse anesthetists (CRNAs) and anesthesiologists' assistants

Policy:

Clover Health follows CMS rules and regulations when determining payment for anesthesia services.
Anesthesia payment is based on time units billed - each single unit billed represents 15 minutes of anesthesia services. The time is defined as the period during which an anesthesia practitioner is present with the patient. Anesthesia time is a continuous time period from the start to the end of an anesthesia service.

Anesthesia Reimbursement Formula
The Clover Health reimbursement calculation for anesthesia services follows the CMS formula and is listed below:
Base Units + time (in units) x Conversion Factor = Allowed amount at 100% of Medicare
Note: Certain modifiers will reduce the allowed amount by a percentage. The final payment will be determined based on billed modifiers and, for in-network providers, the contract rate.

The Base Units and Conversion Factor are both downloadable files supported by CMS.

Bundling Anesthesia Services
CMS National Correct Coding Initiative (NCCI) rules and regulations state that the same physician or healthcare provider performing the surgery or procedure cannot also bill for the anesthesia. The anesthesia charge should be included in the payment for the surgery/procedure.

Duplicate Anesthesia Services
Anesthesia services can be provided simultaneously by both an anesthesiologist and a CRNA during the same operation - each would receive 50% of the allowed amount when billed with the appropriate modifier(s).

Multiple Anesthesia Services
When multiple surgical procedures are performed during a single anesthesia time period, only the single anesthesia code with the highest Base Unit is billed. The time reported is the combination for all procedures performed on the same date.

Claim Codes (if applicable)

CPT Codes

00100-01999 (excluding 01953 and 01996) - These CPT codes are time based anesthesia codes upon which payment is based.

Modifier Codes

AA	Anesthesia Services performed personally by the anesthesiologist - reimbursed at 100% CMS rate
AD	Medical Supervision by a physician; more than 4 concurrent anesthesia procedures - reimbursed at 100% CMS rate
G8	Monitored Anesthesia Care (MAC) for deep complex, complicated, or markedly invasive surgical procedures
G9	Monitored anesthesia care for patient who has a history of severe cardio-pulmonary condition
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals - reimbursed at 50% CMS rate
QS	Monitored anesthesia care service
QX	Qualified non-physician anesthetist with medical direction by a physician
QY	Medical direction of one qualified nonphysician anesthetist by an anesthesiologist - reimbursed at 50% CMS rate
QZ	Certified registered nurse anesthetist (CRNA) without medical direction by a physician - reimbursed at 100% CMS rate
GC	These services have been performed by a resident under the direction of a teaching physician

References
Medicare Claims Processing Manual Chapter 12 - Physicians/NonPhysician Practitioners
CMS Anesthesiologist Center
Novitas Solutions Anesthesia Center